

## The 2002 Montana Trauma Report





**White crosses in the Last Best Place.**



You'll find them along Montana's highways and secondary roads. You'll see them in hiking and climbing areas.

Some are adorned with flowers and photos. Others stand stark against a backdrop of peaks and sky.

Each of these white crosses, thousands of them dotting Montana's beautiful landscape, marks the end of a life.

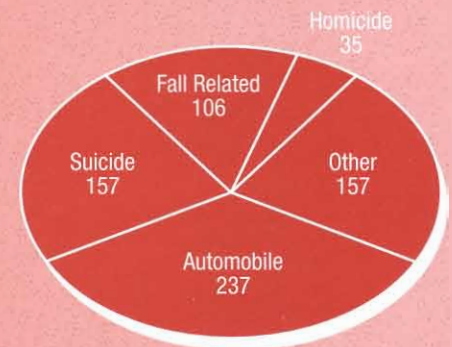
But they also mark something else – the spread of a serious disease called trauma.

## **THE LEADING CAUSES OF TRAUMA IN MONTANA. In 2000,**

*there were 22,254 motor vehicle crashes resulting in 10,264 injuries*

*and 237 deaths, of which 219 occurred on rural roads. In addition,*

*Montana led the nation in the per capita number of deaths from falls.*



**LEADING CAUSES OF DEATH  
BY TRAUMA - TOTAL 692**

It may seem odd to think of trauma as a disease rather than an accident. Indeed, the public, the media, legislators, even healthcare workers often categorize trauma-causing incidents as accidents. In truth, they are anything but.

It is estimated that 90 percent of all trauma deaths in Montana are preventable. Put another way, of the 692 people who died of trauma in 2000, 623 would be alive today if they'd had superior care or had taken basic safety measures themselves, such as wearing seat belts, not driving while intoxicated, or installing smoke detectors in their homes.

To help reduce death from trauma, the Montana Legislature created the Montana State Trauma Care Committee (STCC). The committee's role is to advise the Department of Public Health and Human Services on issues surrounding trauma in Montana, and to develop an effective, consistent Trauma System statewide.



**Human life isn't the only price Montanans pay to trauma.**



The numbers are shocking. 692 people died from trauma in Montana in 2000. 11,765 others were injured. The vast majority of them were males, age 15 to 44. Compare those numbers with the number of other disease-related deaths for the same age groups and you find that trauma poses a greater risk than cancer and heart disease, combined.

Not surprisingly, costs associated with trauma are high. Based on the National Transportation Safety Administration's

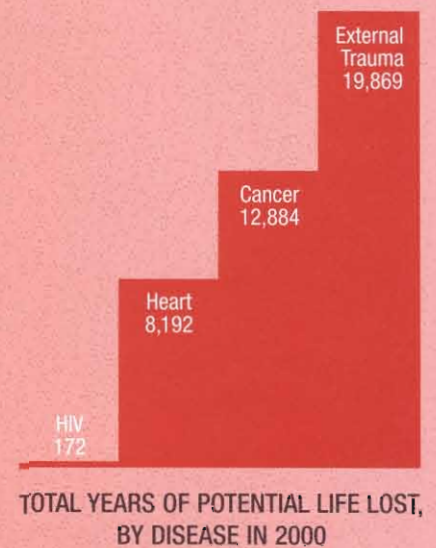
## **HAS TRAUMA REACHED EPIDEMIC STATUS?** *Nationwide, trauma*

*costs more than \$180 billion annually, but it's particularly costly to*

*Montana where injury death rates are 29 percent higher than the*

*national average and where trauma is the leading cause of productive*

*years of life lost.*



method for estimating financial impact, trauma cost Montanans more than one billion dollars in 2000. That's more than \$1,000 in insurance costs, medical costs, loss of productivity, etc., for every man, woman and child in our state. But it's only the beginning. Trauma injures and kills people in the prime of their lives. By doing so, it robs us of their ideas, their contributions to family and community, and their future accomplishments.

Clearly, trauma is exacting a high toll on Montanans. Halting its spread should be a high priority for policy makers, healthcare workers and residents statewide.



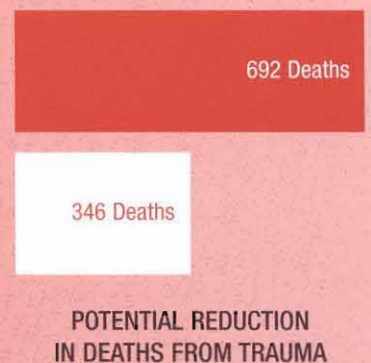
**An improved Trauma Care System will save lives and money.**



The STCC is composed of Montana healthcare professionals and administrators. Established by the legislature and appointed by the governor, the committee's goal is not only to reduce the incidence of trauma in Montana, but if trauma does occur, to reduce associated deaths and disabilities.

The committee, along with the Montana Department of Public Health and Human Services, is working to improve

**REDUCING THE IMPACT OF TRAUMA.** *Effective Trauma Systems can dramatically improve survival rates. Studies demonstrate implementing a Trauma System can result in a 50 to 80 percent reduction in preventable deaths.*



Montana's Trauma System. An effective Trauma System would help assure a coordinated response to trauma patients, from the emergency dispatch to the trauma center to rehabilitation. By improving this system, STCC can help improve survival rates statewide.

Prevention is also essential. That's why STCC is making it a priority to address trauma before it happens. The goal is to reduce risky behavior such as driving under the influence of alcohol or cycling without a helmet, while at the same time promoting safe behavior such as wearing a seat belt when driving or a life jacket when boating.

By addressing the issue throughout the system – leadership, prevention, education, prehospital response, medical care and rehabilitation – the number of deaths and the costs associated with trauma in Montana can be drastically reduced.



**Living in the Last Best Place.**





Preventing trauma and improving the state's Trauma System require the help of all Montanans. Each and every one of us can get in the habit of driving, working and recreating safely. We can teach our children the importance of basic safety. We can tell policy makers that reducing trauma is a priority for the state.

For the medical community, it's vital to work on trauma skills. This is particularly true in a largely rural state where

**COORDINATION IS KEY TO SUCCESS.** *In order to facilitate coordination and education, the state has been divided into three trauma regions. A well-funded and coordinated Trauma System will reduce Montana's traumatic deaths and save Montanans tens of millions of dollars annually.*



ESTABLISHED TRAUMA REGIONS

healthcare workers don't see the number of trauma victims they would in large cities. In order to be successful, healthcare workers need to be practiced in the basics of treating life-threatening trauma. They also need to have the equipment, medication and blood on hand to treat and stabilize trauma patients.

Trauma is a disease that's readily preventable. Let's work together to keep it under control and keep Montana the Last Best Place to live. For more on how STCC is working to develop a better Trauma System, [www.emsip.state.mt.us](http://www.emsip.state.mt.us). Or if you'd like a member of the STCC to speak to your healthcare or community group, call 406-444-3895.

## Taking steps to reduce the impact of trauma.

*The state of Montana, healthcare professionals and other organizations like STCC are working to reduce traumatic death in Montana in a variety of ways.*

- **ONGOING DEVELOPMENT OF THE MONTANA TRAUMA SYSTEM.** Key components are injury prevention, public health, emergency medical services field intervention, emergency department care, surgical interventions, intensive and general surgical in-house care and rehabilitation services. The plan also addresses social services and support groups that assist the injured and their families.

- **PASSAGE OF LEGISLATION** providing the Department of Public Health and Human Services (DPHHS) the authority to establish a voluntary statewide Trauma System. DPHHS employs a full-time trauma program manager and a prevention coordinator aided by coworkers in the EMS and Injury Prevention Section to help guide the development and implementation of the Montana Trauma System.

- **FORMATION OF THE STATE TRAUMA CARE COMMITTEE,** a multidisciplinary group of healthcare professionals, to advise DPHHS on trauma-related issues. This dedicated group of individuals has organized itself around the primary issues to be addressed: organization, public advocacy and legislation, education, information systems, prevention and quality improvement.

- **DEVELOPMENT OF A REGIONALIZED TRAUMA SYSTEM.** Each trauma region is charged with planning, organizing and helping to implement the Trauma System based on the needs of the region. Three Regional Trauma Advisory Committees (RTACs) have been formed for this purpose.

- **EDUCATIONAL PROGRAMS.** The Eastern RTAC developed a trauma course called TEAM (Together Everyone Achieves More). This class is designed to assist communities to prepare a local, coordinated approach to care for severely injured patients. The course is being used by all Montana RTACs, and in Wyoming, Oregon and Utah. The American College of Surgeons Committee on Trauma has also adopted the TEAM course in the development of a rural trauma team program.



• **COORDINATING EFFORTS FOR GREATER EFFECTIVENESS.** The Emergency Medical Services for Children (EMSC) activities have been incorporated into the state and regional trauma committees. This has already begun to strengthen pediatric services provided by EMSC.

• **ASSESSMENT OF PREVENTION ACTIVITIES.** A regional assessment is currently underway. When completed, a resource document of successful prevention programs will be compiled and distributed through the RTACs for statewide use.

• **CONTINUING EDUCATION COURSES.** Trauma and pediatric education are being provided statewide. This has proved particularly useful in rural areas where healthcare workers have limited experience in treating severe trauma. Provision of trauma and pediatric education is focused on the public, emergency medical service providers, nurses and physicians.

• **DESIGNATING TRAUMA CENTERS.** This effort is being jump-started by the completion of grant-funded Trauma/EMS consultation visits to 25 hospitals and rural clinics. To prepare healthcare facilities for trauma center designation, a team consisting of a general surgeon, an experienced trauma reviewer, and the state Trauma Program Manager provides resource assessments and technical assistance.

*For more on the Montana Trauma System, visit [www.emsip.state.mt.us](http://www.emsip.state.mt.us). Or if you'd like a member of STCC to speak to your healthcare or public group, call 406-444-3895.*

## THE MONTANA STATE TRAUMA CARE COMMITTEE

*Thomas Bennett, MD — Billings*

*A. Craig Eddy, MD — Missoula*

*Dory Fried, RN — Malta*

*Elena Guevara, RN — Havre*

*Louis Kattine, MD — Missoula*

*Doug Kuntzweiler, MD — Helena*

*Mike McGree, EMT — Butte*

*Gregory J. Moore, MD — Missoula*

*John M. Mootry — Dillon*

*Jennie Nemec, RN — Helena*

*Michael Orcutt, MD — Great Falls*

*Colleen Overcast, EMT — Chinook*

*J. Bradley Pickhardt, MD — Missoula*

*Kim Todd, RN — Billings*

## **2002 Montana Trauma Report**

Montana Department of Public Health and Human Services  
Emergency Medical Services and Injury Prevention Section.



*P.O. BOX 202951 • 1400 Broadway, Cogswell Bldg. • Helena, Montana 59620-2951  
Phone: 406-444-3895 • Fax: 406-444-1814 • [www.emsip.state.mt.us](http://www.emsip.state.mt.us)*

This publication was supported by Grant Number 5H33MC00094-03 from the Department of Health and Human Services (HRSA), its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.

\$1,388.24 / 1000